Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/31/2013	Address:	812 S. 11 th St.	
Incident #:	13ISPC010925		Goshen IN 46528	
County :	ELKHART			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid:				
Corrosive Base: <u>Detached garage</u>				
Other (item and location):				
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring:	tions of home: clean disarray ngth of time manufacturing had been nformation:	
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Fire Department City, Township or County <u>Goshen</u> Health Department County: <u>Elkhart</u> Department of Child Services Hotline: <u>dcshotlinerepo</u>		Fax: (574)	Fax: <u>574-534-2804</u> Fax: <u>(574) 875-3376</u> orts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Brandon McBrier Phone 574-546-4900				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.